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PTO/SB/81 (10-00)

Applicable for use through 10/31/2002. OMB 0651-0035

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ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	09/575,249
Filing Date	May 19, 2000
First Named Inventor	Connie D. Myers
Group Art Unit	2761
Examiner Name	
Attorney Docket Number	680047.404

I hereby appoint:

☒ Practitioners at Seed IP Law Group PLLC

OR

☐ Practitioner(s) named below:

Name	Registration Number

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

☐ As assignee of record of the entire interest hereby elect, under 37 C.F.R. § 3.71, to prosecute the application to the exclusion of the inventor

**SIGNATURE of Applicant or Assignee of Record**

Name Connie D. Myers

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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**REVOCATION OF POWER  
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AUTHORIZATION OF AGENT**

Application Number	09/575,249
Filing Date	May 19, 2000
First Named Inventor	Connie D. Myers
Group Art Unit	2761
Examiner Name	
Attorney Docket Number	680047.404

I hereby revoke all previous powers of attorney or authorizations of agent given in the above identified application:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name: Connie D. Myers

Signature:

Date: 11-29-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

Application Number	09/575,249
Filing Date	May 19, 2000
First Named Inventor	Connie D. Myers
Group Art Unit	2761
Examiner Name	
Attorney Docket No.	680047.404

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Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Dale R. Cook	 00500 PATENT TRADEMARK OFFICE
Signature		
Date	December 5, 2001	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date specified below.

Typed or printed name	Laura C. Shockey	
Signature		Date: December 5, 2001